

**FIRE PROTECTION BUREAU
LICENSING PROGRAMS
PO Box 42600
Olympia WA 98504-2600
(360) 570-3134 FAX: (360) 570-3136**



INSPECTION AND TESTING TECHNICIAN AFFIDAVIT

The undersigned has appeared before me, a Notary Public, and affirmed that as an applicant for a fire protection sprinkler system Inspection and Testing Technician:

- 1) He or She will abide by all the laws, rules, and regulations concerning this fire protection sprinkler system Inspection and Testing Technician certification per RCW 18.160 and WAC 212-80.
- 2) Information provided in this application and any and all statements made to procure this Inspection and Testing Technician certification are accurate and correct.
- 3) He or She hereby releases the Washington State Patrol Fire Protection Bureau, or others, from any liability or damage which may result from furnishing the information provided in the application or as a result of certification as an Inspection and Testing Technician, if so requested.

Signature of Undersigned

Title of Undersigned

Date of Signature

Printed Name of Undersigned

Subscribed and sworn before me this, the _____ day of the month of _____
of the calendar year _____ .
*date**name of month*
year

Signature of Notary Public

Printed Name of Notary Public

Complete address and contact information for
Notary Public

Seal of the Notary Public